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CONFIRMATION NO. 6646

Bib Data Sheet

SERIAL NUMBER 10/624,809	FILING OR 371(c) DATE 07/21/2003 RULE	CLASS 435	GROUP ART UNIT 1647	ATTORNEY DOCKET NO. 01948/088004
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**APPLICANTS**

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**\*\* CONTINUING DATA \*\*\*\*\***

This appln claims benefit of 60/397,481 07/19/2002 and claims benefit of 60/451,796 03/03/2003  
 and claims benefit of 60/467,390 05/02/2003

*04/23/2007 ID*

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

*none 04/23/2007 ID*

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\***  
 \*\* 10/22/2003

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY MA	SHEETS DRAWING 8	TOTAL CLAIMS 40	INDEPENDENT CLAIMS 6
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature _____ Initials _____				

**ADDRESS**

21559

**TITLE**

Methods of diagnosing and treating pre-eclampsia or eclampsia

FILING FEE RECEIVED 2907	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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